

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**ALAMEDA COUNTY TREASURER**

1221 OAK STREET

OAKLAND CA

94612

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.03911790</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,275,343.08</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,275,343.08</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,572,151.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**ALPINE COUNTY TREASURER**

PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00010613</b>

<b>Gross Claim</b>	<b>\$</b>	<b>3,460.03</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,460.03</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>34,107.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**AMADOR COUNTY TREASURER**

810 COURT STREET

JACKSON CA

95642

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<u>Total amount collected:</u>	<b>\$211,591,104.61</b>	Percentage of collection:	<b>0.13003403</b>
Gross monthly apportionment:	<b>\$32,602,542.06</b>	County/City Ratio:	<b>0.00132860</b>

Gross Claim	\$	43,315.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	43,315.64
YTD Amount:	\$	426,998.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00893807</b>

<b>Gross Claim</b>	<b>\$</b>	<b>291,403.66</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>291,403.66</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,872,616.47</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00136296</b>

<b>Gross Claim</b>	<b>\$</b>	<b>44,436.08</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>44,436.08</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>438,045.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00106887</b>

<b>Gross Claim</b>	<b>\$</b>	<b>34,847.99</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>34,847.99</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>343,526.87</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**CONTRA COSTA COUNTY TREASURER**  
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.02011995</b>

<b>Gross Claim</b>	<b>\$</b>	<b>655,961.65</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>655,961.65</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>6,466,377.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00127154</b>

<b>Gross Claim</b>	<b>\$</b>	<b>41,455.33</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>41,455.33</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>408,660.60</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00494732</b>

<b>Gross Claim</b>	<b>\$</b>	<b>161,295.07</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>161,295.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,590,024.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.02544470</b>

<b>Gross Claim</b>	<b>\$</b>	<b>829,562.01</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>829,562.01</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>8,177,704.10</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00122313</b>

<b>Gross Claim</b>	<b>\$</b>	<b>39,877.08</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>39,877.08</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>393,103.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00862799</b>

<b>Gross Claim</b>	<b>\$</b>	<b>281,294.52</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>281,294.52</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,742,464.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00880355</b>

<b>Gross Claim</b>	<b>\$</b>	<b>287,018.22</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>287,018.22</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,829,385.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00165904</b>

<b>Gross Claim</b>	<b>\$</b>	<b>54,088.84</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>54,088.84</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>533,198.62</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.01721219</b>

<b>Gross Claim</b>	<b>\$</b>	<b>561,161.24</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>561,161.24</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,531,848.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00445853</b>

<b>Gross Claim</b>	<b>\$</b>	<b>145,359.30</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>145,359.30</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,432,930.51</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**LAKE COUNTY TREASURER**  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00199460</b>

<b>Gross Claim</b>	<b>\$</b>	<b>65,029.13</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>65,029.13</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>641,048.02</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00134019</b>

<b>Gross Claim</b>	<b>\$</b>	<b>43,693.72</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>43,693.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>430,725.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**LOS ANGELES COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.31055689</b>

<b>Gross Claim</b>	<b>\$</b>	<b>10,124,943.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>10,124,943.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>99,810,237.21</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00444445</b>

<b>Gross Claim</b>	<b>\$</b>	<b>144,900.23</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>144,900.23</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,428,404.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00978123</b>

<b>Gross Claim</b>	<b>\$</b>	<b>318,892.88</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>318,892.88</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,138,875.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00071280</b>

<b>Gross Claim</b>	<b>\$</b>	<b>23,239.21</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>23,239.21</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>229,090.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00285164</b>

<b>Gross Claim</b>	<b>\$</b>	<b>92,970.61</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>92,970.61</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>916,491.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00629714</b>

<b>Gross Claim</b>	<b>\$</b>	<b>205,302.81</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>205,302.81</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,023,845.49</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS CA

96101

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00079120</b>

<b>Gross Claim</b>	<b>\$</b>	<b>25,795.24</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>25,795.24</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>254,286.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00114139</b>

<b>Gross Claim</b>	<b>\$</b>	<b>37,212.29</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>37,212.29</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>366,834.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00812079</b>

<b>Gross Claim</b>	<b>\$</b>	<b>264,758.52</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>264,758.52</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,609,951.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00419176</b>

<b>Gross Claim</b>	<b>\$</b>	<b>136,662.13</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>136,662.13</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,347,196.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA 95959

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00269974</b>

<b>Gross Claim</b>	<b>\$</b>	<b>88,018.54</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>88,018.54</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>867,675.75</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.06443974</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,100,899.47</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,100,899.47</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>20,710,368.64</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**PLACER COUNTY TREASURER**

2976 RICHARDSON DRIVE

AUBURN CA

95603

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00380642</b>

<b>Gross Claim</b>	<b>\$</b>	<b>124,099.08</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>124,099.08</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,223,351.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00113417</b>

<b>Gross Claim</b>	<b>\$</b>	<b>36,976.72</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>36,976.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>359,011.64</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.03289206</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,072,364.86</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,072,364.86</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,571,220.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.03445504</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,123,322.03</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,123,322.03</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>11,073,547.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**SAN BENITO COUNTY TREASURER**

COURTHOUSE  
440 FIFTH ST RM 107  
HOLLISTER CA

95023

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00159150</b>

<b>Gross Claim</b>	<b>\$</b>	<b>51,887.05</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>51,887.05</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>511,496.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.03996867</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,303,080.39</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,303,080.39</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,845,581.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO 95798 0304

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.07799923</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,542,973.09</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,542,973.09</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>25,068,264.43</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.05924515</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,931,542.60</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,931,542.60</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>19,040,872.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.01529153</b>

<b>Gross Claim</b>	<b>\$</b>	<b>498,542.83</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>498,542.83</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,914,565.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00459188</b>

<b>Gross Claim</b>	<b>\$</b>	<b>149,707.05</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>149,707.05</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,475,791.70</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.01397274</b>

<b>Gross Claim</b>	<b>\$</b>	<b>455,546.81</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>455,546.81</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,490,715.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**SANTA BARBARA COUNTY TREASURER**  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00838717</b>

<b>Gross Claim</b>	<b>\$</b>	<b>273,443.22</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>273,443.22</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,695,565.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.03392573</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,106,064.90</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,106,064.90</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,903,431.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00556854</b>

<b>Gross Claim</b>	<b>\$</b>	<b>181,548.65</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>181,548.65</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,789,681.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00771515</b>

<b>Gross Claim</b>	<b>\$</b>	<b>251,533.36</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>251,533.36</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,479,580.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00026776</b>

<b>Gross Claim</b>	<b>\$</b>	<b>8,729.55</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>8,729.55</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>86,054.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00208335</b>

<b>Gross Claim</b>	<b>\$</b>	<b>67,922.45</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>67,922.45</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>669,567.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.01114864</b>

<b>Gross Claim</b>	<b>\$</b>	<b>363,474.13</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>363,474.13</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,583,076.97</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.01734411</b>

<b>Gross Claim</b>	<b>\$</b>	<b>565,462.01</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>565,462.01</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,564,148.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.01168672</b>

<b>Gross Claim</b>	<b>\$</b>	<b>381,016.90</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>381,016.90</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,756,009.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA 95992

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00403600</b>

<b>Gross Claim</b>	<b>\$</b>	<b>131,583.75</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>131,583.75</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,297,134.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00274331</b>

<b>Gross Claim</b>	<b>\$</b>	<b>89,438.72</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>89,438.72</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>881,675.23</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

TRINITY COUNTY TREASURER  
PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00117460</b>

<b>Gross Claim</b>	<b>\$</b>	<b>38,295.05</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>38,295.05</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>377,506.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.01120898</b>

<b>Gross Claim</b>	<b>\$</b>	<b>365,441.34</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>365,441.34</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,602,469.94</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00211075</b>

<b>Gross Claim</b>	<b>\$</b>	<b>68,815.70</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>68,815.70</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>678,374.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.01334318</b>

<b>Gross Claim</b>	<b>\$</b>	<b>435,021.47</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>435,021.47</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,288,377.78</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00370281</b>

<b>Gross Claim</b>	<b>\$</b>	<b>120,720.91</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>120,720.91</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,190,049.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00354044</b>

<b>Gross Claim</b>	<b>\$</b>	<b>115,427.47</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>115,427.47</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,137,867.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00143779</b>

<b>Gross Claim</b>	<b>\$</b>	<b>46,875.53</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>46,875.53</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>462,090.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA 90802

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00644649</b>

<b>Gross Claim</b>	<b>\$</b>	<b>210,171.87</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>210,171.87</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,071,842.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100472A  
PAYMENT ISSUE DATE: 7/27/2012

**PASADENA CITY TREASURER**

PO BOX 7115

PASADENA CA

91109 7215

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2012 TO: 7/15/2012

<b>Total amount collected:</b>	<b>\$211,591,104.61</b>	<b>Percentage of collection:</b>	<b>0.13003403</b>
<b>Gross monthly apportionment:</b>	<b>\$32,602,542.06</b>	<b>County/City Ratio:</b>	<b>0.00212606</b>

<b>Gross Claim</b>	<b>\$</b>	<b>69,315.05</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>69,315.05</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>683,298.42</b>